BADGER PRAIRIE HEALTH CARE CENTER

1100 EAST VERONA AVENUE

VERONA Ownershi p: 53593 Phone: (608) 845-6601 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 122 Yes Total Licensed Bed Capacity (12/31/01): 132 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 108 Average Daily Census: 112

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	19. 4
Supp. Home Care-Personal Care	No					1 - 4 Years	38. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	3. 7	Under 65	27. 8	More Than 4 Years	42. 6
Day Services	No	Mental Illness (Org./Psy)	41. 7	65 - 74	25. 9		
Respite Care	No	Mental Illness (Other)	43. 5	75 - 84	25. 0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	16. 7	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 9	95 & 0ver	4. 6	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0	ĺ	ĺ	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	0. 0	İ	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	72. 2		
Transportation	No	Cerebrovascul ar	0. 9	[']		RNs	17. 2
Referral Service	Yes	Di abetes	0. 0	Sex	%	LPNs	9. 7
Other Services	No	Respi ratory	0.0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	9. 3	Male	40.7	Aides, & Orderlies	82. 6
Mentally Ill	Yes			Femal e	59. 3		
Provi de Day Programming for			100. 0	İ	j		
Developmentally Disabled	Yes			ĺ	100.0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	1	1. 1	133	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	0. 9
Skilled Care	0	0.0	0	86	93. 5	113	0	0.0	0	13	81.3	196	0	0.0	0	0	0.0	0	99	91. 7
Intermedi ate				0	0.0	0	0	0.0	0	3	18. 8	175	0	0.0	0	0	0.0	0	3	2.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				5	5.4	170	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	4. 6
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		92	100.0		0	0.0		16	100. 0		0	0.0		0	0.0		108	100.0

BADGER PRAIRIE HEALTH CARE CENTER

County: Dane

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period]	<u> </u>					
8 1 8		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	stance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	0.0	Bathi ng	4.6		67. 6	27. 8	108
Other Nursing Homes	11.5	Dressing	13. 9		61. 1	25. 0	108
Acute Care Hospitals	69. 2	Transferring	37. 0		32. 4	30. 6	108
Psych. HospMR/DD Facilities	13. 5	Toilet Use	25. 9		40. 7	33. 3	108
Reĥabilitation Hospitals	0.0	Eating	40. 7		40. 7	18. 5	108
Other Locations	5.8	**************	*******	*****	*****	*********	*****
Total Number of Admissions	52	Conti nence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	4. 6	Receiving I	Respi ratory Care	6. 5
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bladder	61. 1	Receiving 7	Tracheostomy Care	0. 9
Private Home/With Home Health	6.8	Occ/Freq. Incontinent	of Bowel	43. 5	Receiving S	Sucti oni ng	0. 9
Other Nursing Homes	0.0	<u>-</u>			Receiving (Ostomy Care	2. 8
Acute Care Hospitals	40. 7	Mobility			Receiving 7	Tube Feedi ng	3. 7
Psych. HospMR/DD Facilities	5. 1	Physically Restrained	l	18. 5	Recei vi ng 1	Mechanically Altered Diets	15. 7
Rehabilitation Hospitals	0.0						
Other Locations	13.6	Skin Care			Other Resider	nt Characteristics	
Deaths	33. 9	With Pressure Sores		6. 5	Have Advance	ce Directives	78. 7
Total Number of Discharges		With Rashes		27. 8	Medi cati ons		
(Including Deaths)	59	ĺ			Receiving I	Psychoactive Drugs	87. 0
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*********************************** Ownershi p: Bed Size: Li censure: Government 100-199 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 84.8 81.4 1.04 83.8 1.01 84.3 1.01 84.6 1.00 Current Residents from In-County 92.6 84. 1 1. 10 84. 9 1. 09 82.7 1. 12 77. 0 1. 20 Admissions from In-County, Still Residing 36. 5 32.4 1. 13 21.5 1. 70 21.6 1.69 20.8 1. 76 Admissions/Average Daily Census 46. 4 64.0 0.73 155. 8 0.30 137. 9 0.34 128. 9 0.36 Discharges/Average Daily Census 52.7 66. 7 0.79 156. 2 0.34 139. 0 0.38 130. 0 0.41 Discharges To Private Residence/Average Daily Census 3.6 19. 2 0.19 61. 3 0.06 55. 2 0.06 52.8 0.07 Residents Receiving Skilled Care 92. 6 85.0 1.09 93. 3 0.99 91.8 1.01 85.3 1.09 Residents Aged 65 and Older 72. 2 84. 3 0.86 92. 7 0.78 92. 5 87. 5 0. 78 0.83 Title 19 (Medicaid) Funded Residents 85. 2 77.7 64.8 64.3 68. 7 1.24 1. 10 1. 31 1. 33 Private Pay Funded Residents 25.6 22. 0 14.8 16.8 0.88 23. 3 0.63 0. 58 0.67 0.9 Developmentally Disabled Residents 3. 7 3. 2 4.21 1. 2 7. 6 0.49 1. 14 3. 15 Mentally Ill Residents 85. 2 56. 2 1.51 37. 7 2. 26 37. 4 2.28 33. 8 2. 52 General Medical Service Residents 9.3 15. 4 0.60 21. 3 0.44 21. 2 0.44 19. 4 0. 48 51.5 49.3 1.04 Impaired ADL (Mean) 49. 2 1.05 49. 6 1.04 49.6 1.04 Psychological Problems 87. 0 65. 9 1.32 53. 5 1. 63 54. 1 1.61 51. 9 1. 68 Nursing Care Required (Mean) 6. 5 1. 25 8. 1 7.6 1.07 6. 5 1. 24 7. 3 1. 10